

# Incident Report

**The Incident Report Form is for reporting accidents or incidents that occurred during Girl Scout activities or troop meetings. These accidents or incidents may include money, transportation, or health-related issues.**

**Instructions: Submit completed form to your Membership Staff Person within five (5) days of incident. Fill out as appropriate to situation in detail. All entries marked with an asterisk (\*) must be filled out for all injuries. Include any additional documentation such as photographs, news clippings, police reports, etc. An incident report must be completed for each person involved. This report is NOT an official insurance claim document.**

Person Reporting: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Girl Scout Position: \_\_\_\_\_

\*Describe Incident in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complete below about incident**

\*Date: \_\_\_\_\_ \*Time: \_\_\_\_\_  
\*Location Incident Occurred: \_\_\_\_\_  
\*Patient Name: \_\_\_\_\_  
\*Patient Phone: \_\_\_\_\_  
\*Male or Female (circle one) \*Age: \_\_\_\_\_  
\*Adult in charge at time of incident:  
\_\_\_\_\_  
\*Position: \_\_\_\_\_ Phone: \_\_\_\_\_

**If incident included a health-related or physical injury, please complete this section:  
Physical Examination**

Head: \_\_\_\_\_  
Neck: \_\_\_\_\_  
Chest: \_\_\_\_\_  
Abdomen: \_\_\_\_\_  
Pelvis: \_\_\_\_\_  
Extremities: \_\_\_\_\_  
Back: \_\_\_\_\_

\*Level of Consciousness: \_\_\_\_\_  
\*Medications Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What issue is this Incident Report related to?

- Monetary
- Transportation
- Health
- Other

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date

Council Use Only

Date Received: \_\_\_\_\_ Staff Signature: \_\_\_\_\_